

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/009873

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2						
3			1			
4			1			
5			2			
6			3			
7			3			
8			1		10	
9			1			
10			1			
11			2			
12			2			
13			1			
14			2			
15			2			
16			4			
17			1			
18			1			
19			1			
20			1			
21			1		14	
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49						
50						
TOTAL IND.			4			
TOTAL DEP.			28			
TOTAL CLAIMS			30			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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